ATTORNEY DOCKET NO. 2006443-0002

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Surolia, N

Examiner:

Jagoe, Donna

Serial No.:

09/763,499

Art Unit:

1614

Filing Date:

February 23, 2001

Title:

USE OF HYDROXYDIPHENYL ETHER CLASS OF CHEMICALS, AS EXEMPLIFIED BY TRICLOSAN, AS AN ANTIMALARIAL AND IDENTIFICATION OF FATTY ACID SYNTHESIS AS ITS TARGET

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

PETITION FOR EXTENSION OF TIME UNDER 37 CFR §1.136(a)

Pursuant to 37 C.F.R. § 1.136, Applicants hereby petition for a three (3) month extension of time to respond to the Office Action mailed April 10, 2007, in the above-identified application. With this extension, the deadline for responding was October 10, 2007. Applicants submit herewith a Petition to Revive an Unintentionally Abandoned Application under 37 CFR §1.137(b).

Pursuant to 37 C.F.R. § 1.17(a)(1), a Credit Card Payment Form authorizing payment in Refuging Samount of \$525.00 is enclosed. Please charge any additional fees or credit any overpayments that may be required to our Deposit Account No. 03-1721.

Creoit Caro Refund lotal:

\$525.66

Respectfully submitted,

VISA...: XXXXXXXXXXXXX5028

/Andrea L.C. Robidoux/

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Dated: December 11, 2007

Adjustment date: 86/25/2008 CKHLOK 12/11/2007 INTEFSW 00007117 09763499 02 FC:2253 -525.00 OP

UNITED STATES PATENT & TRADEMARK OFFICE Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND						
1 Date of Request: 06/18/08 2 Seria			al/Pat	ent	#	9/763,499
3 Please refund the following fee(s):		4 PAP NUM		5 DATE FILED	6 AMOUNT	
	Filing					\$
	Amendment					\$
Х	Extension of Time		PET	.OP	12/11/07	\$ 525.00
	Notice of Appeal/Appeal					\$
	Petition					\$
	Issue					\$
	Cert of Correction/Terminal Dis	sc.				\$
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	Other					\$
		7 TOTAL AMOUNT OF REFUND			\$ 525.00	
		8 TO BE REFUNDED BY:				
10 REASON:		Treasury Check				
	Overpayment		Х	_ c	redit Dep	osit A/C #:
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X	No Fee Due (Explanation):					
EXTENSION OF TIME FILE WITH PETITION TO REVIVE APPLICATION.						
11 REFUND REQUESTED BY:						
TYPED/PRINTED NAME: April M. Wise TITLE: Petitions Examiner						
SIGNATURE: /APRILMWISE/ PHONE: 571-272-1642					571-272-1642	
OFFICE: Office of Petitions						
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Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

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FORM PTO 1577 (01/90)